CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		d File ID may be a later of	A Turning to the second
The C/OH Instruction G	iuide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR MS/MRS/MR FIRST Carlos NICKNAME LAST	R SUFFIX	OFFICE USE ONLY Date Received
	Masso)	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CO		CAMERON COUNTY DEPARTMENT OF ELECTIONS 8 VOTER REGISTRATION
Change of Address	Browns	111e Tx 78520.	1. HOW FEB 0 1 2016
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956) 504 046	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST W/. LAST	SUFFIX	Date Imaged
	Wassi		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI		ZIP CODE
	Ringinguis	110 Tx 78	57 (
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (95b) 546 227	EXTENSION	
9 REPORT TYPE	January 15 30th day before ele		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Ol /16/16	THROUGH 02/	Day Year
11 ELECTION	Month Day Year Primary D3 O) 16 General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	BND Commission	13 OFFICE SOUGHT (If know	Attorney
	go то	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		•	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI- DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W. DINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH TURES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE		
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
Adultion of D		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL I PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN \$
	2. TOTAL (OTHER	\$	
EXPENDITURE TOTALS	3. TOTAL I UNLESS	\$	
	4. TOTAL	POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	DAY \$
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	THE \$
18 AFFIDAVIT			
**			erjury, that the accompanying report is rmation required to be reported by me
		Signature of Cano	lidate or Officeholder
AFFIX NOTARY STAME	P/SEALABOVE		
Sworn to and subscr	ribed before me, b	by the said	, this the
day of		to certify which, witness my hand and seal of office.	
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Cartos R. Masso 20 Filer ID (Ethics Cor	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,380.50
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,700 00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 615.31
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 21,110
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor ut-of-state PAC (ID#:____ 7 Amount of contribution (\$) 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#:____ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (iD#:____ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Forms provided by Texas Ethics Commission

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Carlos	R. Masso 15 FILE	r ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	STIRROOM THE CAND	DTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES IN THE PROPERTY OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT VISION CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMERS.	THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGI	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ Ø
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,380
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 253.46
	4. TOTAL	\$21,978.77	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD	\$ 3.416.98
OUTSTANDING LOAN TOTALS	6. TOTAL LAST D	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE DAY OF THE REPORTING PERIOD	\$ Ø
18 AFFIDAVIT	Notary Public	I swear, or affirm, under penalty of perjur true and correct and includes all informa under Title 15, Election Code. HA LEAL , State of Texas ssion Expires	y, that the accompanying report is tiop required to be reported by me
W Sir		24, 2018 Signature of Candida	te or Officeholder
AFFIX NOTARY STA		PARIAS D MASSA	, this the
Sworn to and subsidiary of Selficiary Markea	scribed before me	by the said <u>CARLOS R MASSO</u> , to certify which, witness my hand and seal of office.	, this the _/
markia	Leal	MARINA LEAL	21.
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer administering oath

MONET	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Carlos R. Masso	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
1/26/16	City; State; Zip Code	1,080 00
8 Principal occu	33679 Holly Ln Los Frasnos, TX 785	66
6 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions) Soft	itions)
Date	Full name of contributor	Amount of contribution (\$)
1/28/16	Contributor address; City, State; Zip Code 611 E. Loop 499 Havingen TX 7858	2,000°°00
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	
	Buss Dioner Solf	
Date	Full name of contributor	Amount of contribution (\$)
1/27/16	. Victoria Borrego contributor address; City State; Zip Code 5341 Treeline St. Brownsville, TX	100°00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
1/27/16	TOR KIVERA Contributor address; City; State; Zip Code P.O. BOX 5868 BrownsvINe TX 78520	200.00
Principal occup	Retived Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	
	If contributor is out-of-state PAC, please see instruction guide for additional	reporting requirements.

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NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ In-kind contribution 6 Full name of contributor ut-of-state PAC (ID#; description Check if travel outside of Texas. Complete Schedule T 11 Employer (FOR NON-JUDICIAL) (See Instructions) 12 Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Amount of In-kind contribution Date Full name of contributor Out-of-state PAC (ID#: Contribution \$ description Contributor address; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS SCHEDULE B 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor ut-of-state PAC (ID#: 8 Amount . 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code __ Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Full name of pledgor Amount In-kind contribution ut-of-state PAC (ID#:_ of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind contribution Full name of pledgor ut-of-state PAC (ID#:__ Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Date Full name of pledgor In-kind contribution ut-of-state PAC (ID#:___ Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

1			
	EXPENDITURE CAT	EGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking	Event Expense Fees	Loan Repayment/Reimbursement Sol	licitation/Fundraising Expense
Consulting Expense	Food/Beverage Evnence	Office Overhead/Rental Expense Tra	Insportation Equipment & Related Expense
Contributions/Donations Made a Candidate/Officeholder/Politic	Gift/Awards/Memorials Expense al Committee Legal Services	Printing Expense Tra	ivel in District
Credit Card Payment	5m1.1400	Salanes/Wages/Contract Labor Oth	ner (enter a category not listed above)
		lins how to complete this form.	
1 Total pages Schedule F1:		$\sqrt{3}$	Filer ID (Ethics Commission Filers)
	Larlos	K. Masso I	(The second of
4 Date	5 Payee name	1	
1/22/16	Maria Do Cara	(El Valle NOHolas)	1
6 Amount (\$)		Zip Code	
1 4444		•	
15000	200 FM 802	牛1033	
	1 Brownsullo 1	Toxas 78521	
8	(a) Category (See Categories listed at the top of this		
PURPOSE		I	
OF		1 1 1	Texas. Complete Schedule T.
EXPENDITURE	Advant mas E	2 Check if Austin, FX, 6	officeholder living expense
	Advertising E	Wab A	1 /
	V	WSB A	2
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ONDOIGHE OF CO.			
Date	Payee name		
1/20/16	6. D. Praject	,	
Amount (\$)	Payee address; City; State;	Zip Code	
~ 10 m		· \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
240.31	2310 N. Express	way Te. 5	
	Snowsville	-TX 78571	
	Category (See Categories listed at the top of this	schedule) Description	
PURPOSE		· • • • • • • • • • • • • • • • • • • •	exas. Complete Schedule T.
OF EXPENDITURE	0 - 1	1 1 1	liceholder living expense
EVLENDIIOME	Minting Eva		
	7 - 7	Disch	Cards + Bunner
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expenditure to benefit C/OH		Office sought	Office held
Date	Payee name		
			•
11/2016	Conlar Rais	. 1	
Amount (\$)	Garage 300	<i>,</i>	
ranodit (4)	Payee address; City; State; Z	ip Code	
ファン・しつ	3451 Pablo KIS	of Blud	
223	Rownsed	lle TX 78521	
	Category (See Categories listed at the top of this s		
PURPOSE	the same actional property of the top (it this E		
OF		Check if travel outside of Te	
EXPENDITURE	A 1 , -	Check If Austin, TX, offi	ceholder living expense
	Advertishe, E	α.χ	
		77	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH		-	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEEDED	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

		EXPENDITUE	RE CATEGOR	HES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	By C	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services	Loa Office e Poll Expense Prin Sala	n Repayment/Reimbursement ce Overhead/Rental Expense Ing Expense tiling Expense aries/Wages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)
			ide explains hov	w to complete this form.	
1 Total pages Schedule G:	2 FILER NAM 5 Payee name	arlos	R. Y	Nasso	3 Filer ID (Ethics Commission Filers)
1/26/16	Cov	avis Ma	ar kellr	1 Cg	
6 Amount (\$)	7 Payee addre	0 4	State; Zip Cod	e (
Reimbursement from political contributions intended	Win	iter Sort	incs f	FL	
1 OIL OOL	(a) Category (Se	e Categories listed at the t	top of tols schedule)		
OF EXPENDITURE	ton	Mg Ex	pense		e of Texas. Complete Schedule T. X, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate)H	e / Officeholder nan	ne	Office sought	Office held
Date 1 26 16	Payee name Way	ket ng	by 1	Undslave	
9,400 CD	Payee address	ss; city s	State; Zip Gode		[[]
Reimbursement from political contributions intended		ensulle	, TX	78520	
PURPOSE	Category (See	Categories listed at the to	op of this schedule)	(b) Description	
OF EXPENDITURE	AJ	lver History	& EXP	1 1 1	of Texas. Complete Schedule T. , officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate H	/ Officeholder nam	re	Office sought	Office held
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500°50	Payee addres	,	tate; Zip Code	V	
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Complete ONLY if direct expenditure to benefit C/OH	Candidate /	Officeholder name	9	Office sought	Office held
	ATTACH	ADDITIONAL COI	PIES OF THIS	SCHEDULE AS NEEDE	D

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Fees Food/Beverage Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Controlled Candidate Candi	e By tical Committee	Gift/Awards/Memorials E Legal Services	xpense Phr	nting Expense aries/Wages/Contract L	Fravel In Distric Travel Out Of C abor Other (enter a c	
Ston Salar Byrnen		The instruction Gu				emphora unit is tea at 1006)
1 Total pages Schedule G	2 FILER NA	alles	R. W	lasso	3 Filer ID (E	Ethics Commission Filers)
4 Date 122/16	5 Payee nar	VKetno	by 1	Undsha	ve_	
6 Amount (8) 10,510 00	7 Payee add	iress; co;	State; Zip Coo	le	Ste 111	
Reimbursement from political contributions intended	Bro	WH5UT 1		75	(5)	
B PURPOSE	(a) Category (See Categories listed at the	top of this schedule)	(b) Description	1	
OF EXPENDITURE	A	duer History	Exp.	1 1 7	ravel outside of Texas. Complete S Austin, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/	Candida OH	ate / Officeholder nar	ne	Office sought		Office held
Date	Payee nam	9				
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OF EXPENDITURE					ivel outside of Texas. Complete Se Austin, TX, officeholder living	
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PURPOSE OF EXPENDITURE	Category (Se	e Categories listed at the to	p of this schedule)		ref outside of Texas. Complete Sci ustin, TX, officeholder fiving e	
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	ATTAC	H ADDITIONAL CO	PIES OF THIS	SCHEDULE AS I	NEEDED	

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